

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OUT 20 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33844

1. PLACE OF DEATH

County De Witt
Township Madison
City Madison (No. 1)

Registration District No. 1000
Primary Registration District No. 1000

File No. 33844
Registered No. 33844
St. Madison Ward 1

2. FULL NAME

(a) Residence, No. 1 St. Madison Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 1909</u>		
7. AGE <u>24</u>	YEARS <u>24</u>	MONTHS <u>7</u>
DAYS <u>29</u>		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

13. NAME <u>Pat Reed</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

15. MAIDEN NAME <u>Martha Reed</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

17. INFORMANT (ADDRESS) <u>Henry French</u>
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18. BURIAL, CREMATION, OR REMOVAL <u>Interment</u>

19. UNDERTAKER (ADDRESS) <u>W. M. Payne</u>
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20. FILED <u>19</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1933 to Oct 6 1933.

I last saw him alive on Oct 1 1933. Death is said

to have occurred on the date stated above, at 4.9 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

2384

Other contributory causes of importance 2384

Name of operation 2384

What test confirmed diagnosis? 2384

Was there an autopsy? 2384

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 2384

Where did injury occur? 2384

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2384

Nature of injury 2384

24. Was disease or injury in any way related to occupation of deceased? If so, specify 2384

(Signed) Wanda M. T. Parnas, M. D.
(Address) Madison

Registrar.

Dulphia Delm.
South America